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# Linking Workplace Spirituality and Social Sustainability: The Mediating Role of Workplace Happiness in the Healthcare Sector

Rupinder Kaur [1], Sultan Singh [1], Vandana Madaan [1]

1. Maharishi Markandeshwar Institute of Management, Maharishi Markandeshwar University, Mullana, IND

**Corresponding author:** Rupinder Kaur, rupinderghotra96@gmail.com

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## Abstract

### Background of the study

Spirituality at workplace has gained significant attention in the health sector due to its capability to enhance employee well-being as well as organizational sustainability. The staff in hospitals often works in stressful atmosphere that may impact their happiness as well as overall experiences at work. In this context, happiness and social sustainability have become important concerns for such institutions. However, very limited studies have examined the association between workplace spirituality, happiness at work and social sustainability in the healthcare settings. Therefore, the present study aims to examine the relationships between workplace spirituality (WS), workplace happiness (WH) and social sustainability (SS), and to investigate the mediating role of workplace happiness in the relationship between workplace spirituality and social sustainability among doctors and nurses working in multi-specialty hospitals in Haryana.

### Methods

A cross-sectional survey research design was utilized in the study. Data collection was done using a structured questionnaire on five-point Likert scale from 298 doctors and nurses working in multi-specialty hospitals in Haryana. The collected data were analyzed through SPSS and Smart PLS. The measurement and structural models were assessed, and hypotheses were tested using bootstrapping with 10,000 subsamples.

### Results

The findings show a significant relationship between WS, WH as well as SS. Specifically, WS had a significant positive relationship with WH (β=0.605, t=10.14, p<0.001), while WH had a significant positive relationship with SS (β=0.213, t=2.692, p=0.007). WS also demonstrated a significant positive relationship with SS (β=0.129, t= 2.436, p=0.015). Further, workplace happiness was also significantly mediating in the association between spirituality at workplace as well as social sustainability (β=0.126, t=3.013, p=0.003).

### Conclusion

This study concludes that workplace spirituality is significantly associated with workplace happiness and social sustainability among healthcare workers. The findings also indicate that workplace happiness mediates the relationship between workplace spirituality and social sustainability. The results highlight the relevance of a supportive and meaningful work environment for workplace happiness and social sustainability in healthcare organizations.

**Categories:** Occupational Health, Other, Public Health
**Keywords:** health, healthcare, social sustainability, workplace happiness, workplace spirituality

## Introduction

Sustainability is a highly flexible term and can apparently be linked and hyphenated with almost everything [1]. The concept of sustainability within organizations has gained significant interest among researchers, academic circles, political programmes and workplace gatherings. There are many debates as well as discussions that are ongoing involving the meaning of sustainability, its need, and how to achieve it [1]. Assessments of organizational success have expanded beyond effectiveness as well as efficiency, which were primarily focused on profitability, but in present times, sustainable organizations are regarded as successful organizations. Sustainability is a multifaceted construct that involves the integration of environmental, economic, as well as social elements within an organization [2]. It has been noted that social sustainability is more complex, and it cannot be evaluated by using the same strategies as the other two [3]. Social sustainability serves as the strategic plan for organizations to establish systems where employees feel motivated to do work, possess the ability to perform their responsibilities properly, and have the opportunity to pursue toward better health, job-life balance as well as reduced stress [4]. It basically represents a comprehensive approach to recognize the effect of work on their staff. A sustainable organization is not defined solely by financial strength, but by its ability to maintain a balance between

prosperity, people, as well as the planet [5]. As workplaces are becoming complex, sustainability cannot be attained if the workers display individuality without proper integration and coordination [3]. Social sustainability of an organization refers to the capability of the workers to effectively adapt and work under any challenges encountered both individually as well as collectively. Hence, social sustainability in organizations is reflected through the productive association with workers that is relatively permanent as well as durable in nature [6]. Further, it can be achieved through human progress, which involves training sessions, promising workplace environment, proper compensation, and healthy workplace culture.

From a healthcare perspective, social sustainability pertains to the establishment of equitable, supportive as well as healthy organizational systems, which meet the requirements of well-being of healthcare professionals [3]. Due to the labor-intensive nature of healthcare industry, the quality of workforce performance has a direct impact on the quality and flow of services provided. There is a consensus that health services are highly sensitive and any kind of error is not acceptable as it could result in loss of a human life [7]. In other words, the overall quality of healthcare services depends upon the skills and dedication of its personnel. Nevertheless, the healthcare sector often works under pressure for various reasons, including the rising need for healthcare services due to the disproportionate growth of population, staff shortage, and related challenges, especially in developing nations [8]. As a result, healthcare professionals are observed to be overloaded and compelled to serve patients beyond their operational capacities. The healthcare system in Haryana has expanded significantly over the years to meet the growing requirements of the population [9]. Despite these advancements, the state still encounters numerous challenges, such as employee shortages, a surge in patient number, as well as insufficient psychological support for health professionals [10]. The multispecialty hospitals in the state of Haryana are typically marked by rigorous clinical duties and high-pressure work settings, where increasing service expectations as well as performance demands further exacerbate job stress and burnout among the healthcare workers [11,12]. In such challenging circumstances, fostering worker wellbeing, workplace happiness, as well as socially sustainable organizational approaches are becoming important for ensuring the long-term efficacy and sustainability of healthcare organizations [13]. The social aspect of sustainability has received minimal attention from researchers, administrators, as well as policymakers who have primarily focused on other facets of sustainability, such as environmental and economic aspects [14]. In order to achieve effectiveness and efficiency in organizations, it is imperative that socially sustainable healthcare models must be investigated [3, 15]. Further, to maintain the sustainability and success of the healthcare industry, the happiness of employees is vital, as satisfied workers in a healthy environment are generally more engaged, productive, as well as dedicated to their roles [16]. Prioritizing happiness at job not only benefits the workers, but also enhances organizational performance as well as financial outcomes. Happiness at workplace is characterized as feelings of joy regarding the job, its characteristics, and the overall organization [17]. The increasing focus on workplace happiness has shifted scholarly interest towards workplace spirituality, as spiritually enriched organizations enable the workers to experience meaning, connectedness as well as psychological well-being at work [18]. However, it is critical to know the distinction between workplace spirituality and religious belief. While religion encompasses formal, structured institutional beliefs, spirituality emphasizes personal experiences originating from one's inner self [19]. Spirituality is fundamentally derived from personal experiences of practicing mindful meditation that does not involve religious beliefs or rituals. Rather, this practice aids in cultivating consciousness, mindfulness as well as compassion. The concept of 'workplace spirituality' is characterized as the "recognition that the workers have an internal life that is both nourished and enhanced by the purposeful work performed within the community" [20]. This aspect has gained significant popularity among workplaces aiming to foster employees' happiness [18]. By promoting meaningful work, fostering connections as well as enhancing staff well-being, workplace spirituality has the potential to boost social sustainability of healthcare institutions. When the workers bring their spiritual attributes to their job, then they are more inclined towards happiness, satisfaction and productivity, which collectively contribute to the organization's social sustainability [21]. In spite of these contextual challenges, there is a scarcity of empirical research investigating constructs such as workplace spirituality, workplace happiness, and social sustainability in multi-specialty hospitals in Haryana, thus highlighting a distinct research gap that this study aims to fulfill.

## Objective of the study

The objective of the study is to examine the relationships between workplace spirituality and workplace happiness, workplace happiness and social sustainability, and workplace spirituality and social sustainability among doctors and nurses working in multispecialty hospitals in Haryana.

The second aim is to examine the mediating role of workplace happiness in the relationship between workplace spirituality and social sustainability among doctors and nurses working in multispecialty hospitals in Haryana.

## Research hypotheses

The following are the hypotheses for the study:

H1: There is a significant relationship between workplace spirituality and workplace happiness.

H2: There is a significant relationship between workplace happiness and social sustainability.

H3: There is a significant relationship between workplace spirituality and social sustainability.

H4: Workplace happiness significantly mediates the relationship between workplace spirituality and social sustainability.

# Materials And Methods

## Methodology

*Study Design*

In this study, cross-sectional survey research design was utilized to test how spirituality at work influences social sustainability through the mediating role of workplace happiness among healthcare professionals. The study used a quantitative approach based on primary data collected through a structured questionnaire.

*Study Population and Sampling Technique*

The target population of the study comprises doctors as well as nurses working in multispecialty hospitals in Haryana. A multistage sampling technique was utilized for selecting the sample: firstly, a list of all the multi-specialty hospitals in Haryana was prepared; secondly, they were separated based on divisions as well as districts. Lastly, districts with the highest number of multi-specialty hospitals were selected - Faridabad, Gurugram and Panchkula. A total of 19 multi-specialty hospitals were identified across these districts. All hospitals were approached and agreed for participation in the study. The questionnaire was administered to them and a total of 298 usable responses were collected.

*Inclusion and Exclusion Criteria*

The study included doctors and nurses working in multispecialty hospitals located in the selected districts. Participants were included irrespective of their years of professional experience, as no minimum experience requirement was imposed. Other healthcare professionals and employees belonging to different professional categories were excluded from the study, as the research specifically focused on doctors and nurses. Hospitals located in districts outside the selected study areas were also excluded.

*Sample Size Calculation*

The sample size was calculated by the G*Power software (hosted by Heinrich Heine University, Düsseldorf, Germany and developed by Franz Faul, Edgar Erdfelder, Albert-Georg Lang, and Axel Buchner) to estimate the minimum sample size. The calculation used an f-test for linear multiple regression (fixed model, R2 deviation from zero), a medium effect size (f2=0.15), a significance level of 0.05, statistical power of 0.80, and two predictors. The minimum required sample size was 68 respondents. A total of 298 usable responses were collected, which exceeds the minimum requirement.

*Pilot Study*

Before conducting the main survey, a pilot study was carried out using 100 questionnaires to assess the clarity and suitability of the research instrument. The questionnaire was found to be appropriate and understandable, and no major modifications were required. Based on the pilot study, the questionnaire was considered suitable for the main data collection.

*Study Duration*

Primary data were collected with the help of structured questionnaire through offline mode from May to July 2026. The questionnaire was distributed to doctors and nurses working in multispecialty hospitals in the selected districts of Haryana.

*Data Collection Procedure*

The data were collected through a structured questionnaire administered offline to doctors and nurses working in the selected multispecialty hospitals. A total of 350 questionnaires were distributed, out of which 323 were returned. Upon screening, 25 questionnaires were found to be incomplete and were excluded from the analysis. Therefore, 298 usable responses were retained for the final analysis. The overall response rate was 92.29%, while the usable response rate was 85.14%.

## Ethical considerations

Ethical clearance for the study was obtained from MM Institute of Management, Maharishi Markandeshwar (Deemed to be University), Mullana, Ambala, Haryana (Reference. No: 666), 2026. The study was conducted in accordance with standard ethical guidelines. Participation in the study was entirely voluntary, and verbal informed consent was obtained from all participants before data collection. Anonymity of the respondents was ensured, and all responses were kept strictly confidential.

### Data analysis

SPSS software (version 20; IBM Corp, Armonk, NY) was used to analyze the demographic characteristics, whereas the researcher adopted the partial least squares structural equation modeling (PLS-SEM) method, a variant of SEM for the assessment of measurement and structural model. The measurement model was assessed for construct reliability and validity, while the structural model was evaluated to examine the hypothesized relationships. Mediation analysis was conducted to assess the indirect effect of spirituality at workplace on social sustainability through workplace happiness. Bootstrapping with 10,000 subsamples was used to assess the statistical significance of the hypothesized relationships.

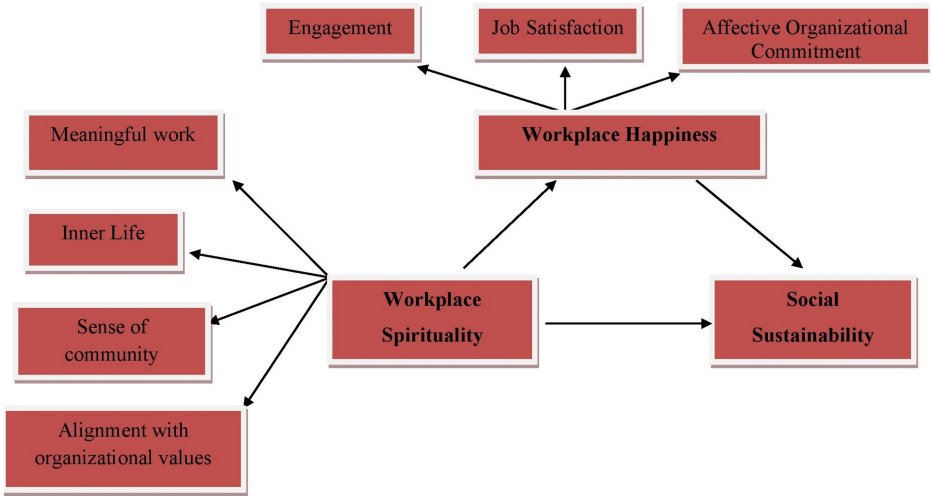



**FIGURE 1: Conceptual Model**

Conceptual model illustrating the proposed relationships among workplace spirituality, workplace happiness and social sustainability.

Compiled and prepared by the author based on the literature review. Source: Author's compilation.

### Measures

A five-point Likert scale was used to measure all the constructs. Workplace spirituality was assessed using 27 items across four dimensions: Meaningful Work (seven items) and Inner Life (five items), adopted from Ashmos and Duchon (2000), and Sense of Community (seven items) and Alignment with Organizational Values (eight items), adopted from Milliman et al. (2003) [22]. The combination of these scales provided a comprehensive assessment of the individual, interpersonal and organizational aspects of workplace spirituality. Workplace Happiness was measured using nine items from the Happiness at Work Scale developed by Salas-Vallina and Alegre (2021) [23], covering three dimensions: Job Satisfaction, Engagement and Affective Organizational Commitment, with three items each. Social Sustainability was measured using four items from the scale developed by Khan et al. (2015) [24]. The measurement items were adapted to the healthcare context while preserving their original meaning and conceptual dimensions.

## Results

The sample includes 298 respondents, where 94.97% employees were in the age group up to 35 years, 65.77% respondents are graduates, whereas 34.23% hold a Master degree. In addition, 50.67% of the participants were men and 49.33% women. Of them, 78.52% of them were unmarried, while remaining 21.48% were married. Majority of the respondents (94.97%) have experience between 0 and 10 years, and 68.46% of the respondents were doctors and 31.54% were nurses. The demographic details of the respondents in healthcare sector are presented in Table *1*.

| Demographic variable | Categories | Frequency | Percentage |
|---|---|---|---|
| Age | Upto 35 | 283 | 94.97 |
| | Above 35 | 15 | 5.03 |
| Highest Qualification | Graduation | 196 | 65.77 |
| | Post Graduation | 102 | 34.23 |
| Gender | Male | 151 | 50.67 |
| | Female | 147 | 49.33 |
| Marital Status | Unmarried | 234 | 78.52 |
| | Married | 64 | 21.48 |
| Experience | 0-10 years | 283 | 94.97 |
| | Above 10 years | 15 | 5.03 |
| Position in Hospital | Doctor | 204 | 68.46 |
| | Nurse | 94 | 31.54 |
| Total | | 298 | 100% |

**TABLE 1: Demographic details (n=298)**

Values are presented as frequencies (n) and percentages (%).

As shown in Table 2, the factor loadings for the first-order constructs were generally above the recommended threshold of 0.70, with two items (SC1 and SC5) exhibiting slightly lower loadings of 0.691 and 0.693, respectively. These items were retained in the model. The Cronbach's alpha values ranged from 0.810 to 0.925, while the rho_a values ranged from 0.815 to 0.925 and the composite reliability values ranged from 0.883 to 0.938, exceeding the recommended threshold of 0.70 and indicating satisfactory internal consistency reliability. Furthermore, the average variance extracted (AVE) values ranged from 0.544 to 0.782, exceeding the recommended threshold of 0.50 and establishing convergent validity [25]. The measurement model results are presented in Table 2.

| Construct | Items Code | Factor Loadings | Cronbach's alpha | rhoA | CR | AVE |
|---|---|---|---|---|---|---|
| Workplace Spirituality (WS) | MW1 | 0.740 | 0.860 | 0.862 | 0.893 | 0.544 |
| | MW2 | 0.708 | | | | |
| | MW3 | 0.821 | | | | |
| | MW4 | 0.713 | | | | |
| | MW5 | 0.724 | | | | |
| | MW6 | 0.727 | | | | |
| | MW7 | 0.723 | | | | |
| | IL1 | 0.782 | 0.878 | 0.878 | 0.911 | 0.672 |
| | IL2 | 0.861 | | | | |
| | IL3 | 0.821 | | | | |
| | IL4 | 0.851 | | | | |
| | IL5 | 0.781 | | | | |
| | SC1 | 0.691 | | | | |
| | SC2 | 0.786 | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | SC3 | 0.789 | 0.862 | 0.865 | 0.895 | 0.549 |
| | SC4 | 0.700 | | | | |
| | SC5 | 0.693 | | | | |
| | SC6 | 0.732 | | | | |
| | SC7 | 0.788 | | | | |
| | AV1 | 0.780 | 0.925 | 0.925 | 0.938 | 0.655 |
| | AV2 | 0.816 | | | | |
| | AV3 | 0.760 | | | | |
| | AV4 | 0.830 | | | | |
| | AV5 | 0.844 | | | | |
| | AV6 | 0.838 | | | | |
| | AV7 | 0.804 | | | | |
| | AV8 | 0.800 | | | | |
| Workplace Happiness (WH) | ENG1 | 0.904 | 0.810 | 0.815 | 0.889 | 0.728 |
| | ENG2 | 0.768 | | | | |
| | ENG3 | 0.881 | | | | |
| | JS1 | 0.898 | 0.850 | 0.854 | 0.910 | 0.770 |
| | JS2 | 0.905 | | | | |
| | JS3 | 0.829 | | | | |
| | AOC1 | 0.858 | 0.860 | 0.864 | 0.915 | 0.782 |
| | AOC2 | 0.894 | | | | |
| | AOC3 | 0.900 | | | | |
| Social Sustainability (SS) | SS1 | 0.799 | 0.823 | 0.824 | 0.883 | 0.654 |
| | SS2 | 0.848 | | | | |
| | SS3 | 0.799 | | | | |
| | SS4 | 0.786 | | | | |

**TABLE 2: Measurement Model Assessment**

Factor loadings, Cronbach's alpha, rho_A, compsite reliability (CR), and average variance extracted (AVE) for the measurement model.

The discriminant validity of the first-order constructs was established through the Heterotrait-Monotrait ratio (HTMT). Table *3* indicates that the HTMT ratios were significantly lower than the permissible limit of 0.90, thereby validating the discriminant validity [26].

| Construct | AOC | AV | ENG | IL | JS | MW | SC |
|---|---|---|---|---|---|---|---|
| AV | 0.531 | - | - | - | - | - | - |
| ENG | 0.590 | 0.475 | - | - | - | - | - |
| IL | 0.498 | 0.626 | 0.552 | - | - | - | - |
| JS | 0.535 | 0.450 | 0.653 | 0.394 | - | - | - |
| MW | 0.559 | 0.771 | 0.596 | 0.860 | 0.473 | - | - |
| SC | 0.500 | 0.854 | 0.579 | 0.754 | 0.466 | 0.890 | - |
| SS | 0.585 | 0.584 | 0.406 | 0.577 | 0.334 | 0.525 | 0.491 |

**TABLE 3: Discriminant validity**

The table presents the Heterotrait-Monotrait (HTMT) ratios. Only the lower triangular matrix is displayed.

AOC: Affective organizational commitment; AV: alignment with organizational values; ENG: engagement; IL: inner life; JS: job satisfaction; MW: meaningful work; SC: sense of community; SS: social sustainability.

Table *4* indicates the inner variance inflation factor (VIF) values computed to examine the multi-collinearity concerns within the data. The VIF values of all the items ranged from 1.000 to 1.578, which were significantly below the permissible range of 3.33; therefore, no indication of multi-collinearity is seen.

| Construct | VIF (inner) |
|---|---|
| WH -> AOC | 1.000 |
| WH -> ENG | 1.000 |
| WH -> JS | 1.000 |
| WH -> SS | 1.578 |
| WS -> AV | 1.000 |
| WS -> IL | 1.000 |
| WS -> MW | 1.000 |
| WS -> SC | 1.000 |
| WS -> SS | 1.578 |
| WS -> WH | 1.000 |

**TABLE 4: Structural Model Assessment**

Inner Variance Inflation Factor (VIF) values for assessing collinearity in the structural model.

AV: Alignment with organizational values; ENG: engagement; IL: inner life; JS: job satisfaction; MW: meaningful work; SC: sense of community; SS: social sustainability; WH: workplace happiness; WS: workplace spirituality.

The researcher calculated the value of R2, which signifies the percentage of variance in the dependent variable that is accounted for by the independent variable. In Table *5*, the value of R2 of WH is (0.366), which shows that 36.6% variance in WH is explained by WS. Therefore, the obtained value of 0.366, suggesting a moderate influence of WS on WH. Likewise, R2 value of SS is (0.309), which indicates that 30.9% of the variance in SS is explained by both WS and WH, reflecting a satisfactory predictive accuracy [27].

| Construct | $R^2$ | ADJ R |
|---|---|---|
| WH | 0.366 | 0.364 |
| SS | 0.309 | 0.305 |

**TABLE 5: Coefficient of determination**

$R^2$ and adjusted R values for workplace happiness (WH) and social sustainability (SS).

After the validation of measurements as well as the structural model, hypotheses were tested using the bootstrapping method with 10,000 subsamples in Smart-PLS 4.0. The results revealed that WS has a significant relationship with workplace happiness (t-value=10.14 is above 1.96 and p-value<0.001 is below 0.05), thereby supporting H1. WH was also found to have a significant relationship with SS (t-value=2.692 is above 1.96 and p-value=0.007, is below 0.05), thereby supporting H2. Further, WS found to have a significant relationship with SS (t-value=2.436) is above 1.96 and, p-value (0.015) is below 0.05, supporting H3. As presented in Table *6*, mediating role is computed amongst WS, WH and SS. The findings came out to be significant as the t-value (2.436) is above 1.96 and p-value (0.015) is below 0.05, thereby supporting H4.

| Relationship effect | Original sample | Sample mean (M) | Standard deviation (STDEV) | t-statistics (\|O/STDEV\|) | P values | Accept/Reject |
|---|---|---|---|---|---|---|
| WS -> WH | 0.605 | 0.601 | 0.060 | 10.14 | 0.000 | Accepted |
| WH -> SS | 0.213 | 0.210 | 0.079 | 2.692 | 0.007 | Accepted |
| WS -> SS | 0.129 | 0.128 | 0.053 | 2.436 | 0.015 | Accepted |
| WS -> WH -> SS | 0.126 | 0.125 | 0.042 | 3.013 | 0.003 | Accepted |

**TABLE 6: Hypotheses Testing**

Results of hypotheses testing using bootstrapping with 10,000 susbsamples. Values representing original sample coefficients, sample mean, standard deviations, t-statistics and p-values. A p-value below 0.05 indicates statistical significance.

WH: Workplace happiness; WS: workplace spirituality; SS: social sustainability.

## Discussion

Saving the lives of others gives a profound sense of pride, fulfillment as well as happiness to healthcare workers. The current study investigated the connection between workplace spirituality, workplace happiness as well as social sustainability in the multi-specialty hospitals of Haryana. The findings demonstrated significant connections among these constructs, highlighting the potential importance of workplace spirituality in relation to employee well-being and a socially sustainable healthcare environment.

These results indicate that workplace spirituality is positively associated with workplace happiness, corroborate the findings of previous studies on workplace spirituality and workplace happiness [22,28,29]. These findings suggest that healthcare professionals, who find their work meaningful, experience inner peace, and feel a sense of community, are more inclined to feel satisfied, emotionally connected, as well as happy in their work environment [22]. Furthermore, the research also identified a significant link between spirituality at workplace as well as social sustainability. These findings are further consistent with the previous research, which emphasized the importance of spirituality at workplace in promoting social sustainability [30]. Workplace spirituality may encourage healthcare professionals to consider the broader purpose of their work, develop respectful relationships with colleagues and demonstrate concern for the well-being of others [20,29]. Such values may support cooperation, mutual respect and a more supportive workplace environment, all of which contribute to a socially sustainable workforce [15]. Moreover, the mediation analysis confirmed that happiness at work plays a significant mediating role in the relationship between workplace spirituality as well as social sustainability. This finding extends the existing literature by examining the mediating role of workplace happiness in this relationship among healthcare professionals. The current study also highlights the pertinence of spirituality at the workplace in the healthcare organizations and suggests that workplace spirituality is significantly associated with social sustainability both directly and indirectly through workplace happiness.

Overall, the findings emphasize the relevance of workplace spirituality and workplace happiness in the healthcare sector. Healthcare administrators may consider initiatives that strengthen employees' sense of purpose, encourage supportive relationships among colleagues, and promote alignment between organizational values and professional responsibilities. Such initiatives may help foster a positive work environment and support social sustainability.

### Limitations and future research directions

The results of the current study may not be applicable to other healthcare environments because it was limited to doctors and nurses working in multi-speciality hospitals situated in specific districts of Haryana, which have a higher concentration of hospitals. Future research could be carried out in both public and private hospitals, across various states, and within different healthcare organizations to enhance generalizability. Additionally, this study identified workplace happiness as a mediating factor; future investigators might explore other mediating or moderating factors such as work-life balance, job satisfaction, and employee resilience. Further, demographic variables such as gender, age, and work experience were not analyzed individually. Future researchers could investigate these variations to obtain more profound insights. Additionally, the study focused on doctors and nurses only, whereas future research may include other healthcare staff such as paramedical staff or hospital administrators for broader perspectives. Furthermore, the cross-sectional nature of the study limits the ability to establish causal relationships among the variables. The study also relied on self-reported data, which may be subject to response bias and common method bias. The possibility of selection bias arising from participant selection also cannot be ruled out. Moreover, only 15 respondents had more than 10 years of professional experience, which limits comparisons across different experience groups.

## Conclusions

The findings of this study indicate that workplace spirituality is significantly associated with workplace happiness and social sustainability among healthcare workers. The results also demonstrate that workplace happiness plays a significant mediating role in the relationship between workplace spirituality and social sustainability. The various dimensions of workplace spirituality, including meaningful work, inner life, sense of community, and alignment with organizational values, are relevant to understanding employees' workplace experiences. The findings highlight the importance of fostering a supportive work environment that encourages meaningful work, positive relationships, and alignment with organizational values. Such an environment may be associated with greater workplace happiness and social sustainability in healthcare organizations.

## Additional Information

### Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

**Concept and design:** Rupinder Kaur, Sultan Singh, Vandana Madaan

**Acquisition, analysis, or interpretation of data:** Rupinder Kaur

**Drafting of the manuscript:** Rupinder Kaur, Sultan Singh, Vandana Madaan

**Critical review of the manuscript for important intellectual content:** Rupinder Kaur, Sultan Singh, Vandana Madaan

**Supervision:** Sultan Singh, Vandana Madaan

### Disclosures

**Human subjects:** Informed consent for treatment and open access publication was obtained or waived by all participants in this study. Maharishi Markandeshwar (Deemed to be University) issued approval Ref. No: 666 dated October 28, 2026. **Animal subjects:** All authors have confirmed that this study did not involve animal subjects or tissue. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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